Change of Office Ceremony
for
Director, Medical Service Corps

Rear Admiral Eleanor V. Valentin, MSC, USN
relieved by
Captain Terry J. Moulton, MSC, USN

&

Promotion Ceremony

Captain Terry J. Moulton
Promoted to Rear Admiral

30 August 2012
The Women's Memorial

Program

Master of Ceremony
Captain Denise Weber, MSC, USN

***Arrival of the Official Party**

***Parade the Colors**

***National Anthem**

***Invocation**

Welcome
Captain Denise Weber, MSC, USN

Introduction of guest speaker

Guest Speaker,
VADM Matthew L. Nathan, MC, USN
Surgeon General of the Navy and Chief, BUMED

Remarks and Reading of Orders
Rear Admiral Eleanor V. Valentin, MSC, USN

Reading Of Orders and Remarks
Captain Terry J. Moulton, MSC, USN

Promotion
Captain Terry J. Moulton promoted to Rear Admiral

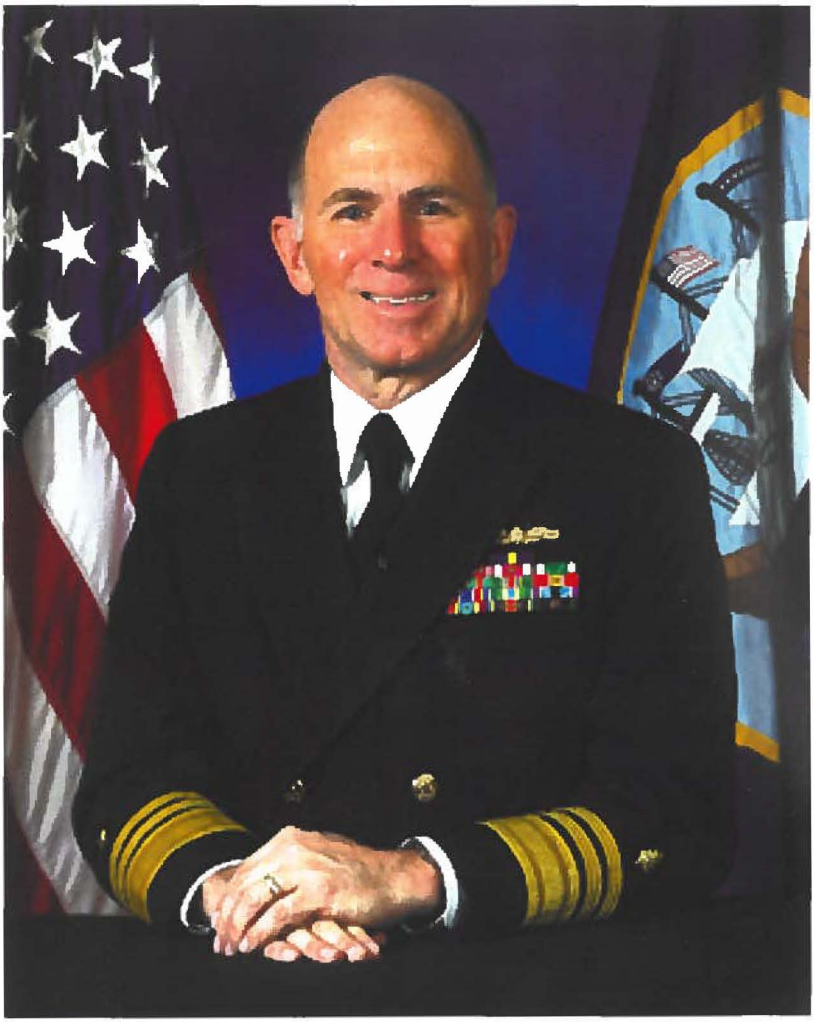
***Benediction**

***Departure of the Official Party**

Guests are invited to attend the reception immediately following the ceremony in the theater Lobby

** Please stand*

Matthew L. Nathan
Vice Admiral, Medical Corps, U. S. Navy
Surgeon General
Chief, Bureau of Medicine and Surgery



Vice Admiral Nathan is the 37th surgeon general of the Navy and chief of the Navy's Bureau of Medicine and Surgery.

Nathan received his Bachelors of Science from Georgia Tech and his M.D. from The Medical College of Georgia in 1981. He completed Internal Medicine specialty training in 1984 at the University of South Florida before serving as the Internal Medicine Dept Head at Naval Hospital Guantanamo Bay, Cuba. In 1985 Nathan transferred to Naval Hospital, Groton, Connecticut as leader of the Medical Mobilization Amphibious Surgical Support Team. In 1987, Nathan transferred to Naval Medical Center San Diego as Head, Division of Internal Medicine with additional duty to the Marine Corps, 1st Marine Division.

In 1990 he served as a Department Head, Naval Hospital Beaufort, South Carolina before reporting to Naval Clinics Command, London, U.K. where he participated in military-to-military engagements with post-Soviet Eastern European countries. In 1995, he was assigned as Specialist Assignment Officer at the Bureau of Naval Personnel, providing guidance to over 1,500 U.S. Navy Medical Corps officers. In 1998 he accepted a seat at the Joint Industrial College of the Armed Forces located in Washington, D.C., graduating in 1999 with a Masters in "Resourcing the National Strategy." Nathan went on to serve as the Fleet Surgeon, Forward Deployed Naval Forces, Commander, U.S. 7th Fleet, aboard the flagship USS Blue Ridge (LCC 19), out of Yokosuka, Japan. In 2001, he transferred as Deputy Commander, Navy Medical Center Portsmouth, Va.

In 2004 Nathan assumed command of Naval Hospital Pensacola with additional oversight of 12 clinics in 4 states where he oversaw Navy medical relief efforts following hurricanes Ivan, Dennis, and Katrina. Despite all facilities receiving crippling blows; his command still garnered the TRICARE/DOD award for "highest patient satisfaction in a medium sized facility". In June 2006, he transferred as the Fleet Surgeon to the commander, U.S. Fleet Forces Command, instrumental in organizing the Fleet Health Domain integration with the Fleet Readiness Enterprise while providing medical global force management. In 2007, Nathan was assigned as Commander, Naval Medical Center Portsmouth and Navy Medicine Region East with command of over 18,000 personnel and an operating budget exceeding $1.2 billion.

Nathan also served as Commander, Walter Reed National Military Medical Center and Navy Medicine, National Capital Area where he was the Navy component commander to the largest military medical integration and construction project in DOD history.

Nathan is board certified and holds Fellow status in the American College of Physicians and the American College of Healthcare Executives. He also holds an appointment as Clinical Professor of Medicine at the Uniformed Services University of the Health Sciences. He is a recipient of the American Hospital Association "Excellence in Leadership" award for the Federal Sector. Nathan's personal awards include the Distinguished Service Medal (1); Legion of Merit (5); Meritorious Service Medal (2); Navy Commendation Medal, and Navy Achievement Medal (2).

Rear Admiral Eleanor V. Valentin
Senior Health Care Executive, U.S. Navy
Director, Medical Service Corps
Director, Military Health System Governance
Implementation Planning Executive Secretariat

Rear Adm. Valentin is currently assigned to the Under Secretary of Defense for Health Affairs as the director of the Military Health System (MHS) Governance Implementation Planning Executive Secretariat, a team that will support plans to establish a new governance model for the Military Health System. Since Oct. 1, 2009, she has served as the first female and 16th director of the Medical Service Corps.

Valentin is a native of Seattle, Wash. After receiving her Bachelor of Science degrees in Zoology and Psychology at the University of Washington, she completed a Master's degree in Public Health (Health Policy and Planning), and a Master of Science degree in Public Health (Biostatistics) at the University of Hawaii.

In 1982, she was commissioned as a lieutenant junior grade, Medical Service Corps, United States Navy, and for the next decade she served in a variety of Department Head and Administrative Officer positions at Naval Hospital San Diego, Calif.; Admiral J.T. Boone Branch Medical Clinic in Norfolk, Va.; Naval Medical Clinic Norfolk, Va.; U.S. Naval Hospital Guam; Armed Forces Institute of Pathology in Washington, D.C.; and U.S. Naval Hospital Yokosuka, Japan.

Valentin served as Director for Administration at Naval Medical Clinic in Pearl Harbor, Hawaii from 1994 to 1997. Following that duty, she reported to the Bureau of Medicine and Surgery and became the Branch Head for TRICARE Marketing and Communications.

In October 2000, Valentin became the Director, Regional Operations, in the Office of the Secretary of Defense (Health Affairs) TRICARE Management Activity. There, she led staff and joint service teams in developing plans and strategies to implement statutory and policy guidance for the delivery of healthcare services to eligible beneficiaries worldwide. Her subsequent assignments included Executive Officer, Naval Hospital Corpus Christi, Texas; Commanding Officer, Naval Hospital/Health Clinic Cherry Point, N.C.; and Chief of Staff, Navy Medicine National Capital Area. She recently completed her first flag tour as Commander, Navy Medicine Support Command in Jacksonville, Fla.

Valentin has achieved Fellow status in the American College of Healthcare Executives and the Academy of Healthcare Management. Her personal decorations include the Defense Superior Service Medal; Legion of Merit (3); Defense Meritorious Service Medal; Meritorious Service Medal (3); Navy and Marine Corps Commendation Medal (3); and Navy and Marine Corps Achievement Medal.

Captain Terry J. Moulton
Executive Assistant to the Surgeon General

A native of Nashville, TN., Captain Moulton earned his Bachelor of Science degree in Health Care Administration from Western Kentucky University and a Masters in Business Administration from Chaminade University in Honolulu. Moulton is also a graduate of the Naval War College non-resident program.

Moulton received his commission as an Ensign in the Medical Service Corps in 1983. He attended Officer Indoctrination School in Newport, Rhode Island where upon completion he received the school's leadership award.

His first assignment was at Naval Hospital, Philadelphia, Pennsylvania where he served as the Head of Operating Management and Patient Administration Departments. In 1985, he reported to the Naval Medical Clinic, Pearl Harbor, Hawaii where he served in a variety of administrative roles and as the Clinic Director, Naval Air Station, Barbers Point, Hawaii. In 1989, he assumed duties as the Medical Administrative Officer, USS Nimitz CVN 68 where he completed his assignment after a six-month deployment to the Persian Gulf in support of Operation Desert Storm. Following deployment, he served as the Navy Postgraduate Administrative Fellow at the American Hospital Association in Washington, DC. In 1993, he reported to the Bureau of Medicine and Surgery where he served in the Coordinated Care Division and later as the Executive Assistant to the Assistant Chief for Plans, Analysis, and Evaluation. In 1995, he was assigned as the Director for Administration at the U.S. Naval Hospital, Guantanamo Bay, Cuba during Operation Sea Signal. From January 1996 until June 1998, he served as the Director for Administration, Naval Hospital Cherry Point, North Carolina. In 1998, he reported to the Bureau of Medicine and Surgery as the Executive Assistant to the Deputy Chief. From 2000 to 2002, he served as the Director, Health Affairs for the Assistant Secretary of the Navy (Manpower and Reserve Affairs) at the Pentagon, Washington, DC. In 2002, he transferred to the TRICARE Northwest Lead Agent Office as the Chief of Healthcare Operations and was later selected as the Executive Director. In April 2005, he reported as the Executive Officer, Naval Hospital, Pensacola and Commanding Officer of the Fleet Hospital. From 2007 to 2009, Moulton served as the Head Naval Personnel Command's Officer Medical Officer Distribution Branch. In June 2009-2011, Moulton served as the Commanding Officer, U.S. Naval Hospital, Okinawa, Japan. Prior to reporting to his current assignment in 2011, he reported as the Deputy Director, Medical Resources, Plans, and Policy, Office of the Chief of Naval Operations. In November 2011, Moulton reported to the Bureau of Medicine and Surgery as the Executive Assistant to the Surgeon General of the Navy.

Moulton is a fellow of the American College of Healthcare Executives and served as the Navy Pacific Regent 2000–2004. He is also the recipient of the 2004 ACHE Governor's award and the Navy Regent's Sustained Contributions award for 2005 and 2011.

Moulton was selected for promotion to Rear Admiral in March 2012.

Moulton's awards and decorations include the Legion of Merit, Defense Meritorious Service Medal, Meritorious Service Medal (Six awards), Navy and Marine Corps Commendation Medal (four awards), Navy and Marine Corps Achievement Medal, and various other service and units awards and Surface Warfare Medical Department Officer Qualification.

The History of the Medical Service Corps

The history of the Medical Service Corps includes the history of its predecessor, the Navy Hospital Corps. During World War I, the number of warrant officers in the Hospital Corps increased significantly and sixty-five Pharmacists and Chief Pharmacists were given temporary commissions in the Medical Corps of the Navy. Although a few of these officers retained their temporary commissions following the end of the war, the majority reverted to their prior status.

The need for an all officer category composed of individuals trained in administrative, professional, and scientific specialties traditionally allied with medicine had long been recognized. During World War II 1429 officers were given temporary appointments in the Hospital Corps during the war. In addition, a total of 845 pharmacists, optometrists, and other specialists and scientists allied to medicine and dentistry were given temporary appointments as Naval Reserve officers. The vital role played by these two groups of officers in the accomplishment of the wartime mission of the Navy Medical Department further emphasized the need for a permanent officer category to complement and supplement the existing officer corps then comprising the Medical Department.

The Navy Medical Service Corps had its formal origin in the Army-Navy Medical Service Corps Act of 1947, which became Public Law 337, Eightieth Congress, when signed by President Truman on 4 August 1947. This Act established identification for an organization already in existence. The legislation marked a significant change in the composition of the Navy Medical Department and provided the authority to satisfy the long-standing need for a permanent commissioned corps of specialists to complement the existing Medical Department officer categories. The original legislation provided for the Corps to be comprised of four sections: Supply and Administration, Medical Allied Sciences, Optometry and Pharmacy. The Act further authorized the Secretary of the Navy to create such other sections, as necessary, to meet the needs of the service. As a result of this authority, the Women's Specialist Section was established in 1952, and in 1965, was retitled the Medical Specialist Section to permit the appointment of male officers in the specialties within the section. Also as a result of the authority, the Podiatry Section was established in 1953. In 1956, Congress clarified a section of the original Army-Navy Medical Service Corps Act, which authorizes Medical Service Corps officers to command activities appropriate to the Corps.

In 1954, legislation was enacted to provide for the Office of the Chief of the Medical Service Corps and gave authority to the Secretary of the Navy to appoint an officer to the position. It wasn't until 1982 that this position was designated a flag billet. Rear Admiral (then referred to as Commodore) Lewis E. Angelo was the first to fill the billet at that rank. With authorization effective 1 October 1990, mobilization billets for Selected Reserve Medical Department flag officers were established. Rear Admiral W. David Sullins, Jr. became the first Deputy Director, Medial Service Corps, Reserve Affairs at that time. These two appointments allow for the authority to pursue the requirements and institute actions for the total Medical Service Corps. On July 13, 1995, Rear Admiral S.T. Fisher was selected to become the first Medical Service Corps officer to wear the rank of Rear Admiral (upper half).

The first true validation of the total force concept occurred during Operations Desert Shield/Storm. Active duty assets were deployed to the theater of operation in support of medical logistics, administration and clinical care. Over 10,000 Medical Department Reservists were recalled to replace those deployed and to provide the additional manpower in theater necessary to accommodate any medical contingency. During this period, 317 Reserve Medical Service Corps officers were recalled.

Since 1991, the Reserve component of the Medical Service Corps has continued to work alongside active duty personnel to administer and provide quality health care not only in the United States, but throughout the world, wherever and whenever needed. Specialists such as optometrists, environmental health officers, laboratory officers, clinical psychologists, medical logistics officers, health care administrators, pharmacists and physician assistants have been deployed to Cuba, Zagreb and Haiti. The Medical Service Corps is acknowledged as a valuable part of the Navy Medical Department team.

Today, the Navy Medical Service Corps has more than 2, 800 active duty and reserve officers in thirty-one disciplines performing countless duties on multiple platforms continuing the mission which was identified over 64 years ago.

The Advent of Flag Rank for the Medical Service Corps

The movement to establish flag rank for Medical Service Corps officers was a long, frustrating process. Legislation creating the Medical Service Corps in 1947 limited the promotion opportunity to that of captain. By the 1960s, the Medical Service and Nurse Corps were the only staff corps in the Navy not authorized the rank of admiral. The drive to gain a flag officer for the Medical Service Corps began as early as 1959. In that year, the Army proposed legislation to authorize the temporary grade of brigadier general for the Army Medical Service Corps chief. The Bureau of Medicine and Surgery proposed that the Navy and Air Force be included in the legislation, but the bill died. Trying again in 1966, the Army successfully lobbied for legislation to appoint the chief of the Army Medical Service Corps a brigadier general. The Bureau of Medicine and Surgery had no objections to the Army bill, but opposed broadening the legislation to provide a flag officer for the Navy Medical Service Corps in fear a Medical Corps flag officer would be displaced.

Efforts to elevate the Chief of the Medical Service Corps to flag rank were stymied throughout the sixties and seventies due to legislative restrictions, little or no support from the Chief of Naval Operations and the Bureau of Personnel, and the Senate administrative ceiling on the number of flag and general officers in the military. The Bureau of Medicine and Surgery pushed the issue for flag rank for the Medical Service Corps and Nurse Corps, but Chief of Naval Operations Elmo Zumwalt would not support it in light of the Senate imposed ceiling. Though the Medical Corps and Dental Corps had 18 flag officers between them, the Surgeon General in 1971 made it clear he could not sacrifice any Medical or Dental Flag officer positions for appointment of a flag officer for either the Medical Service or Nurse Corps.

In 1980, Navy Surgeon General Willard Arentzen offered to release a Medical Corps flag billet to facilitate enactment of flag legislation for the Medical Service Corps. The Department of Defense demurred on Arentzen's offer, stating it would wait on congressional action on the Defense Officer Personnel Management Act (DOPMA), initially submitted to Congress in 1973. A draft section of DOPMA authorized a one-star flag billet for the Medical Service Corps. Enacted in 1980 and effective 15 September 1981, DOPMA authorized selection of a permanent one-star director of the Medical Service Corps. The first Medical Service Corps flag selection board convened in December, and Captain Lewis E. Angelo was selected as the first Navy Medical Service Corps flag officer. He was frocked to commodore, and in July 1982 assumed the position of Director of the Medical Service Corps. Rear Admiral Angelo served until 1987.

The move to create a reserve flag officer position for the Medical Service Corps emerged in 1982. Planning for a greater contingency role for the Medical Service Corps Reserve, and anticipating a 140 percent increase in reserve officers from 1986 through 1992, fueled the drive to secure high level Reserve leadership and management. A proposal for establishment of a reserve flag position was forwarded by the Director of the Medical Service Corps in 1987, and approved in 1990. Captain W. David Sullins, MSC, USNR, an optometrist, was selected the same year.

Previous Chief/Directors Medical Service Corps

CAPT Willard Calkins	*1954-1958*
CAPT Leo Elsasser	*1958-1962*
CAPT Robert Herrmann	*1962-1968*
CAPT Emmitt Van Landingham Jr	*1968-1973*
CAPT Albert Schwab	*1973-1976*
CAPT William Green Jr	*1976-1978*
CAPT. Paul Nelson	*1978-1982*
RDML Lewis E. Angelo	*1982-1987*
RDML Donald Shuler	*1987-1991*
RDML Charles Loar	*1991-1993*
RDML Stephen Todd Fisher	*1993-1995*
RDML Edward Phillips	*1995-1999*
RDML Phillip Van Landingham	*1999-2004*
RDML Brian Brannman	*2004-2006*
RDML Michael H. Mittelman	*2006-2009*
RDML Eleanor V. Valentin	*2009-2012*
RDML Terry J. Moulton	*2012-*

Special Thanks To

Master of Ceremony

CAPT Denise Weber, MSC, USN

Side Boys

CAPT George Schoeler, MSC, USN
CAPT Kimberly Pellack, MSC, USN
CDR Edrion Gawaran, MSC, USN
LT David Cavallario, MSC, USN
CAPT Carey Sill, MSC, USN
CAPT Leslie Sims, MSC, USN
LCDR Tanaka Cross, MSC, USN
LTJG Edward Roberts, MSC, USN

Chaplain

CAPT Roosevelt H. Brown, CHC, USN

Bell Ringer

HM2 Sisavart Chanthaphon, USN

Bos'n

HN George Scott, USN

Color Guard

SGT Jason Bushong, USA
HM3 Jemie Hernandezernau, USN
HM3 Jason Kreczmer, USN
Hn Marcial Meza, USN

Navy Band Ensemble

Escorts

LCDR Darla Howell, MSC, USN
LT Erica Thompson, MSC, USN
LT Neil Cascardo, MSC, USN
LT Scott Woosley, MSC, USN
LT Henry Bird, MSC, USN

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